

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155001		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/10/2011	
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 7001 HOOVER RD INDIANAPOLIS, IN46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 7, 8, 9 & 10, 2011</p> <p>Facility number: 000001 Provided number: 155001 AIM number: 100275310</p> <p>Survey team: Diana Zgonc RN TC Connie Landman RN Courtney Hamilton RN Christi Davidson RN</p> <p>Census bed type: SNF/NF: 170 Total: 170</p> <p>Census payor type: Medicare: 26 Medicaid: 100 Other: 44 Total: 170</p> <p>Sample: 26 Supplemental sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 3/17/11 by Jennie Bartelt, RN.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0441 SS=E	<p>Based on observation, record review and interview, the facility failed to ensure handwashing and glove changes were performed to control and prevent the spread of infections according to facility policy for 2 of 10 residents observed during care requiring handwashing in the sample of 26 and 3 of 3 residents in the supplemental sample of 3 during 4 of 10 handwashing observations (Residents #138, #93, #140, #128, #57).</p> <p>Findings include:</p> <p>1. Review of a current facility policy, provided by the Administrator on 3/9/11 at 8:30 A.M., titled "HAND HYGIENE", revised 10/09, indicated: "Purpose: To prevent and control the spread of infectious organisms Policy: Hands shall be washed at the following and in accordance with regulatory guidelines Procedure: 1. Staff shall wash their hands at the following times:...</p> <p>... Before and after direct resident contact</p> <p>...</p> <p>... Before and after assisting a resident with personal care (activities of daily living</p>			F0441	<p>F441</p> <p>1. There have been no residents found to have been affected by this deficient practice.</p> <p>2. Due to this plan of correction which will include inservice education, disciplinary action, staff demonstration of proper hand washing technique, and close staff supervision by Unit Managers, Nursing Supervisors, Nursing Administration, and the Infection Prevention Nurse, it is unlikely that other residents will have the potential of being affected by this same deficient practice.</p> <p>3. Inservices will take place, for nursing and non-nursing personnel, during the week of March 28, 2011. During these inservices, this deficiency will be communicated to the staff and hand washing procedures with return demonstrations will occur. In addition, "Hand Washing for Healthcare Workers" laminated cards to attach to their name badge lanyard will be distributed to those employees who currently do not have one. {see inservice attendance, "Hand Hygiene" policy, pictures, and "Hand Washing for Healthcare Workers" name badge card.}</p> <p>L.P.N. #1, C.N.A. #2, Q.M.A. #3, and L.P.N. #4 all participated in</p>		04/04/2011

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	<p>Before and after assisting a resident with toileting, using soap and water After handling soiled or used linens, dressings, bedpans, catheters and urinals Before and after changing a dressing After removing gloves or aprons 2. Hands shall be washed with soap and water whenever visibly soiled as follows: Wet hands and wrists with comfortably warm water Apply soap to hands and while interlacing the fingers and moving the hands back and forth over the front, back, under fingernails if visibly soiled, and wrist areas apply friction to create lather for fifteen (15) seconds Alcohol-based waterless antiseptic agents shall be available in areas where there is not easy access to soap and water and may be used only if hands are not visibly soiled".</p> <p>2. During a dressing change observation on 3/8/11 at 9:45 A.M., LPN #1 was observed bringing supplies for the dressing change into Resident #138's room. LPN #1 put gloves on, then removed the gloves, used hand sanitizer, and put clean gloves on. LPN #1 then removed the resident's left foam bootie and sock and the old dressing from the</p>				<p>individual inservices with Nursing Administration during the week of March 28, 2011. The deficient observations that they were each involved in were carefully reviewed and they were required to demonstrate proper hand washing technique. All four employees received disciplinary documentation in their employee files. {see disciplinary documentation}</p> <p>4. These deficient practices will be closely monitored on a regular basis by the Unit Managers, Nursing Supervisors, Nursing Administration, and the Infection Prevention Nurse. Any deficient practices observed will be followed up accordingly with disciplinary action, further inservice education, etc. Any trend of deficient practices identified will be reported at the monthly Quality Improvement Committee Meetings. Any specific follow-up intervention including disciplinary action, policy development, inservice education, etc., will be implemented and monitored as necessary.</p> <p>5. Date of Completion: 4/4/11</p>		

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	<p>resident's ankle. Without washing her hands or changing gloves, LPN #1 proceeded to spray cleanser on the wound. Next she put medicated ointment on a swab stick and put the ointment into the wound. LPN #1 placed a foam dressing over the wound, and wrapped the ankle with gauze roll, and taped the gauze to hold it in place. LPN #1 then removed the gloves and washed her hands for 15 seconds before putting on clean gloves and putting the resident's sock and foam bootie back on.</p> <p>During an interview with the Infection Control RN on 3/9/11 at 10:15 A.M., she indicated she would have expected the gloves to have been removed, hands cleaned, and clean gloves put on before proceeding to the cleanser and ointment during the dressing change.</p>						

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F0441 SS=E	<p>3. On 3/8/11 at 2:10 P.M., CNA #2 was observed on Unit C covering up Resident #93 with her blanket and then pushed her into her room. She left the resident's room without washing her hands and entered another resident's room, pulled the covers up on the bed and picked up a dirty linen bag, left the room and put the dirty linens in the hopper. No handwashing or gel use was observed between resident to resident contact.</p> <p>During an interview with CNA #2 at that time, she indicated the facility protocol for handwashing was 23 minutes.</p>			F0441	<p>F441</p> <p>1. There have been no residents found to have been affected by this deficient practice.</p> <p>2. Due to this plan of correction which will include inservice education, disciplinary action, staff demonstration of proper hand washing technique, and close staff supervision by Unit Managers, Nursing Supervisors, Nursing Administration, and the Infection Prevention Nurse, it is unlikely that other residents will have the potential of being affected by this same deficient practice.</p> <p>3. Inservices will take place, for nursing and non-nursing personnel, during the week of March 28, 2011. During these inservices, this deficiency will be communicated to the staff and hand washing procedures with return demonstrations will occur. In addition, "Hand Washing for Healthcare Workers" laminated cards to attach to their name badge lanyard will be distributed to those employees who currently do not have one. {see inservice attendance, "Hand Hygiene" policy, pictures, and "Hand Washing for Healthcare Workers" name badge card.}</p> <p>L.P.N. #1, C.N.A. #2, Q.M.A. #3, and L.P.N. #4 all participated in</p>		04/04/2011

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					<p>individual inservices with Nursing Administration during the week of March 28, 2011. The deficient observations that they were each involved in were carefully reviewed and they were required to demonstrate proper hand washing technique. All four employees received disciplinary documentation in their employee files. {see disciplinary documentation}</p> <p>4. These deficient practices will be closely monitored on a regular basis by the Unit Managers, Nursing Supervisors, Nursing Administration, and the Infection Prevention Nurse. Any deficient practices observed will be followed up accordingly with disciplinary action, further inservice education, etc. Any trend of deficient practices identified will be reported at the monthly Quality Improvement Committee Meetings. Any specific follow-up intervention including disciplinary action, policy development, inservice education, etc., will be implemented and monitored as necessary.</p> <p>5. Date of Completion: 4/4/11</p>		

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F0441 SS=E	<p>4. During a medication pass observation on 03/08/11, at 9:00 A.M., QMA #3, was observed completing a blood pressure reading on Resident #140 in the C dining room. QMA #3 returned to the medication cart and pulled the medications for Resident #140. She did not wash her hands or use hand sanitizer. Hand sanitizer was available on the medication cart. QMA #3 administered the medications to Resident #140. QMA #3 returned to the medication cart and did not wash her hands or use hand sanitizer. She obtained the mobile blood pressure machine, which was located next to the medication cart, and returned to the C dining room. QMA #3 obtained a blood pressure reading on Resident #128. QMA #3 returned to the medication cart. She did not wash her hands or use hand sanitizer. She pulled the medications for Resident #128.</p> <p>5. During a medication pass observation on 03/08/11, at 10:30 A.M., after the resident completed a breathing treatment, LPN #4 returned to the resident and used her bare right hand to assess the pulse rate in the wrist of Resident # 57. Before exiting the resident's room, LPN #4 put her right hand under soap and water and rubbed the fingers together of her right hand for less than 15 seconds.</p>	F0441	<p>F441</p> <p>1. There have been no residents found to have been affected by this deficient practice.</p> <p>2. Due to this plan of correction which will include inservice education, disciplinary action, staff demonstration of proper hand washing technique, and close staff supervision by Unit Managers, Nursing Supervisors, Nursing Administration, and the Infection Prevention Nurse, it is unlikely that other residents will have the potential of being affected by this same deficient practice.</p> <p>3. Inservices will take place, for nursing and non-nursing personnel, during the week of March 28, 2011. During these inservices, this deficiency will be communicated to the staff and hand washing procedures with return demonstrations will occur. In addition, "Hand Washing for Healthcare Workers" laminated cards to attach to their name badge lanyard will be distributed to those employees who currently do not have one. {see inservice attendance, "Hand Hygiene" policy, pictures, and "Hand Washing for Healthcare Workers" name badge card.}</p> <p>L.P.N. #1, C.N.A. #2, Q.M.A. #3, and L.P.N. #4 all participated in</p>	04/04/2011	

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	3.1-18(l)				<p>individual inservices with Nursing Administration during the week of March 28, 2011. The deficient observations that they were each involved in were carefully reviewed and they were required to demonstrate proper hand washing technique. All four employees received disciplinary documentation in their employee files. {see disciplinary documentation}</p> <p>4. These deficient practices will be closely monitored on a regular basis by the Unit Managers, Nursing Supervisors, Nursing Administration, and the Infection Prevention Nurse. Any deficient practices observed will be followed up accordingly with disciplinary action, further inservice education, etc. Any trend of deficient practices identified will be reported at the monthly Quality Improvement Committee Meetings. Any specific follow-up intervention including disciplinary action, policy development, inservice education, etc., will be implemented and monitored as necessary.</p> <p>5. Date of Completion: 4/4/11</p>		